



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB5948

Introduced 2/10/2010, by Rep. Susana A. Mendoza

SYNOPSIS AS INTRODUCED:

New Act

Creates the Mass Influenza Vaccination School Program Act. Provides that the Department of Public Health in consultation with the Director of Insurance and the State Board of Education shall establish school-based influenza mass vaccination programs in elementary and secondary schools to vaccinate children against influenza. Provides that participation in the programs by a school district or an individual shall be voluntary. Provides that the Department of Public Health shall maximize the use of influenza vaccines through existing appropriations for that purpose, discretionary resources, and private immunization coverage. Provides that not later than 90 days following the creation of the programs, the Department of Public Health shall submit a written report on the results of the programs. Contains other provisions.

LRB096 20164 RPM 35719 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the Mass
5 Influenza Vaccination School Program Act.

6 Section 5. Findings. The General Assembly finds that
7 influenza is a contagious respiratory illness caused by
8 influenza viruses. The best way to help prevent seasonal
9 influenza is by getting a vaccination each year. Every year in
10 the United States, an average of more than 200,000 people are
11 hospitalized from influenza-related complications and
12 approximately 36,000 people, most of whom are elderly, die from
13 influenza-related causes. The U.S. Centers for Disease Control
14 and Prevention Advisory Committee on Immunization Practices
15 recommends routine seasonal influenza vaccination for all
16 children aged 6 months through 18 years. Children and young
17 adults 5 years to 19 years of age are 3 to 4 times more likely
18 to be infected with influenza than adults. School-aged children
19 are the population group most responsible for transmission of
20 contagious respiratory viruses, including influenza. The
21 elderly make up the population that is most vulnerable to
22 severe illness from influenza due to weaker immune responses to
23 vaccination.

1 School-based vaccination programs may be effective ways to
2 vaccinate children while reducing transmission and infection
3 rates to the larger community while at the same time reducing
4 rates of school absenteeism due to children being infected with
5 influenza. Increased focus on providing influenza vaccine to
6 children targeted for immunization will also help efforts to
7 build a sound foundation for future vaccination efforts.
8 Schools can be an effective infrastructure tool to improve
9 pandemic planning by identifying known and effective pandemic
10 vaccination centers. School-based programs may help facilitate
11 mass immunization clinics and build partnerships with local
12 public health teams in the event of a public health emergency
13 such as a pandemic. Although experience has demonstrated the
14 feasibility and success of school-based influenza vaccination
15 programs in vaccinating children, funding and logistical
16 considerations, particularly involving the delivery of vaccine
17 to children with private insurance coverage, continue to
18 present issues of program sustainability.

19 Section 10. Mass vaccination programs.

20 (a) The Department of Public Health in consultation with
21 the Director of Insurance and the State Board of Education
22 shall establish school-based influenza mass vaccination
23 programs in elementary and secondary schools to vaccinate
24 children against influenza.

25 (b) The programs under this Section shall be designed to

1 administer influenza vaccines consistent with the
2 recommendations of the U.S. Centers for Disease Control and
3 Prevention Advisory Committee on Immunization Practices for
4 the annual vaccination of all school-aged children 5 through 18
5 years of age.

6 (c) The Department of Public Health may implement these
7 programs through coordination with local public health
8 departments, school nurses, school healthcare programs, and
9 other local entities.

10 (d) Participation in the programs by a school district or
11 an individual shall be voluntary. The vaccine shall be
12 administered with the consent of a student's parent or legal
13 guardian.

14 (e) In implementing the programs, the Department of Public
15 Health shall maximize the use of influenza vaccines available
16 through existing appropriations for that purpose,
17 discretionary resources, and private immunization coverage in
18 the following manner:

19 (1) For children who are eligible for the federal
20 Vaccines for Children Program, the Department of Public
21 Health shall provide influenza vaccination through
22 existing appropriations for vaccinations and work with the
23 State Medicaid program to ensure reimbursement for the
24 administration fee.

25 (2) For children who have private insurance that covers
26 influenza vaccination, the Department of Public Health

1 shall work with the Director of Insurance, private
2 insurers, and public vaccine stakeholders to coordinate
3 the accessibility of coverage for all reasonable and
4 customary expenses, including the cost of the vaccine and
5 administration fee, incurred when influenza vaccine is
6 administered outside of the physician's office in a school
7 or other related settings.

8 (3) For children not covered for influenza vaccination
9 by a federally funded program or private insurance, the
10 Department of Public Health shall explore alternative
11 funding options through federal discretionary public
12 funds, State funds, or the receipt and expenditure of an
13 appropriation, grant, or donation by a public or private
14 source to implement the programs.

15 (f) The programs under this Section shall not restrict the
16 discretion of a health care provider to administer any seasonal
17 influenza vaccine approved by the federal Food and Drug
18 Administration for use in pediatric populations.

19 (g) Influenza vaccine shall be offered to all children as
20 soon as a vaccine becomes available before the start of the
21 season and shall continue throughout the entire influenza
22 season.

23 (h) Not later than 90 days following the creation of the
24 programs, the Department of Public Health shall submit a
25 written report on the results of the programs to the Governor,
26 Lieutenant Governor, Speaker of the House Representatives,

1 Senate President, and the presiding officers of each standing
2 committee of the legislature with jurisdiction over the
3 Department of Public Health. The report shall include the
4 following:

5 (1) an assessment of the seasonal influenza
6 vaccination rates of school-aged children in localities
7 where the programs are implemented, compared to the
8 national average influenza vaccination rates for
9 school-aged children, including whether school-based
10 vaccination assists in achieving the recommendations of
11 the Advisory Committee on Immunization Practices for
12 annual influenza vaccination of school-aged children aged
13 5 through 18 years;

14 (2) an assessment of the utility of employing
15 elementary schools and secondary schools as a part of a
16 State-wide, community-based pandemic response program that
17 is consistent with existing federal and State pandemic
18 response plans;

19 (3) an assessment of the feasibility of using existing
20 State, federal, and private insurance funding in
21 establishing a State-wide, school-based vaccination
22 program for seasonal influenza vaccination;

23 (4) an assessment of the number of education days
24 gained by students as a result of seasonal vaccinations
25 based on absenteeism rates; and

26 (5) a recommendation of whether the programs under this

1 Section should be continued, expanded, or terminated.

2 If feasible, the report shall also include an assessment of
3 other indirect benefits, including, but not limited to, the
4 impact on hospital visits, physician visits, and medication
5 use.